Approved for use through 1,100,011 (1.00 to 0.00 to 0.

POWE	R OF ATTORNE	Y TO PROSECU	TE APPLICAT	IONS BEFORE	THE USPIO	
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hereby appoint: Practitioners ass OR	ociated with the Customer Number:		86738		
Practitioner(s) na	med below (if more than ten patent Name	Registration	be named, then a customer Name	number must be us	ed): Registration Number
any and all patent appl attached to this form in	(s) to represent the undersigned beforeations assigned only to the undersigned accordance with 37 CFR 3.73(b). respondence address for the applica	gned according to	he USPTO assignment reco	ords or assignment	documents
The address	associated with Customer Number:				
Firm or Individual Name	Elizabeth A. Hanley, Esq.,	McCarter & En	glish, LLP		
Address	265 Franklin Street				
City	Boston	State MA		Zip 02110	
Country	USA				
Telephone 617-449-6510			Email ehanley@mccarter.com		
Assignee Name and A Arrow Therapeution					

the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record
The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Kuczadzel-LUCY PAGET Date 20-AUG-2009 Signature Telephone +44 (0) 1625 518739 Name

AUTHORISED SIGNATORY Title INCLUDION OF CONTROL O